TOWNSEND	
and	
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and

CREW

I hereby certify that this correspondence is being sent by facsimile transmission to: (703) 305-3718

Examiner STEVE GARLAND

On JUNE 28, 2000

TOWNSEND and TOWNSEND and CREW LLP

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Date:
June 28, 2000

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00287S-004820

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From:

MARK D. BARRISH (650) 617-9105 - TEL.

Re: Appl. No.:

08/709,930

Art Unit:

2786

Message:

Please find attached the following documents:

> Supplementary Amendment; and

> Interview Summary.

Mark D. Barrish

Reg. No. 36,443

Faxed:

Return To: NANCY PIZZO

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AMENDMENT TRANSMITTAL

Client No. 20530 TOWNSEND and TOWNSEND and CREW LLP

Two Embarcadero Center, 8th Floor San Francisco, California 94111-3834 (415) 576-0200

In re application of:

PHILIP S. GREEN

Application No.: 08/709,930

Filed:

September 9, 1996

Group Art Unit: 2786

For:

SURGICAL SYSTEM

Assistant Commissioner For Patents

Washington, D.C. 20231



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Examiner STEVE GARLAND

On JUNE 28, 2000_

TOWNSEND and TOWNSEND and CREW LLP

By: Mancy Prois

Sir:

Transmitted herewith is an SUPPLEMENTARY AMENDMENT in the above-identified application, along with the following:

[X] An INTERVIEW SUMMARY.

[X] SMALL ENTITY STATUS of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

If any extension of time is needed, then this response should be considered a petition therefor. The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIM\$ REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	14*	MINUS	** 32	= -0-
INDEP.	7*	MINUS	*** 14	= -0-
[] FIRST	PRESENTATION	OF MULTIP	LE DEP. CLAIM	

SMALL ENTITY				
RATE		ADDIT. FEE		
x	\$9.00	=	\$0.00	
×	\$39.00	=	\$0.00	
+ 513	0.00	=		
TOTAL ADDITL. FEE			\$0.00	

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
 - [X] NO FEE IS DUE.

Please charge Deposit Account No. 20-1430 as follows:

- [] Claims fee \$_____.

 No extra copies of this sheet are enclosed.
- [X] Any additional fees associated with this paper or during the pendency of this application.

TOWNSEND and TOWNSEND and CREW LLP

MARK D. BARRISH Reg. No.: 36,443

Attorneys for Applicant

PA 3080221 v1